

PERMIT NO. _____

Return to: Code Administration
Health Services Division
37 Green Street
Concord NH 03301

LICENSE FEE: \$ 10.80

This application must be submitted sixty (60) days prior to proposed event to allow for the processing of the application. Please make check payable to: CITY OF CONCORD

-Police Department Use Only-
No. of Officers Required _____

Restrictions: _____

APPROVED _____
Concord Police Dept.

APPLICATION FOR PERMIT
ROAD RACE/BIKE RACE/BIKE-A-THON/WALK-A-THON

Organization Name _____ Phone _____

Address _____

Person in charge of event _____ Phone _____

Indicate number of persons expected to participate: _____

ROAD RACE [] **BIKE RACE** [] **TRIATHLON** [] **BIKE-A-THON** [] **WALK-A-THON** []

Location/Route*: _____

(*A MAP DETAILING THE EXACT ROUTE MUST ACCOMPANY THIS APPLICATION.)

Proposed dates of event: _____ Rain Dates(s): _____

Proposed hours of event: _____ To _____

Rain date: _____

Will the event include food vendors, peddlers, live bands, guest speakers, musicians etc?

Yes: _____ No: _____

Will part of the event be on the State House Plaza? Yes _____ No _____

Will electricity be needed at the State House Plaza? Yes _____ No _____

Certificate of Insurance enclosed: Yes _____ No _____

Are you requesting street closure for this event? Yes _____ No _____

Letter for street closure attached: Yes _____ No _____

Signature of Applicant: _____ Date _____

APPROVED _____ Date _____

Licensing Officer

PERMISSION MUST BE RECEIVED FROM THE CITY COUNCIL FOR CLOSING OF STREETS BEFORE PERMIT IS ISSUED.